




Management of the Deteriorating Patient & Resuscitation Policy

Policy number and category	C04	Clinical
Version number and date	10	August 2020
Ratifying committee or executive director	Clinical Governance Committee	
Date ratified	June 2021	
Next anticipated review	June 2024	
Executive director	Executive Director of Quality and Safety	
Policy lead	Deputy Director of Nursing and Quality	
Policy author (if different from above)	Deputy Director Of Nursing and Quality	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

This Policy is split into 3 sections which cover:

1. Management of the Deteriorating patient
2. Managing Medical Emergencies and Resuscitation
3. Do Not Attempt Cardiopulmonary Resuscitation Decisions and Order

Policy requirement (see Section 2)

This Policy identifies:

1. The roles and responsibilities of all staff in relation to managing deteriorating patients and dealing with medical emergencies
2. The requirements of all Trust staff in relation to DNACPR decision making and documentation
3. The Trusts requirements for providing and maintaining equipment for dealing with deteriorating patients and medical emergencies
4. Where further reading and documentation should be found for dealing with deteriorating patients, medical emergencies and DNACPR decision-making.

CONTENTS

1	INTRODUCTION	3
	1.1 Rationale (Why)	3
	1.2 Scope (Where, When, Who)	3
	1.3 Principles (Beliefs)	4
2	POLICY (What).....	4
3	PROCEDURE	6
4	RESPONSIBILITIES.....	10
5	DEVELOPMENT AND CONSULTATION PROCESS.....	15
6	REFERENCE DOCUMENTS	15
7	BIBLIOGRAPHY.....	15
8	GLOSSARY.....	16
9	AUDIT AND ASSURANCE.....	17
10	APPENDICIES.....	17

1 INTRODUCTION

1.1 Rationale (Why)

Management of the deteriorating patient

Patients (Service users?) who are admitted to hospital believe that they are entering a place of safety in which they will receive the best possible care. Recognising when a patient's condition is deteriorating is a key aspect of patient safety and the use of an early warning scoring system is integral to this. Many patients in cardiopulmonary arrest will have shown signs of deterioration in their physical health before they arrest, it is vital that these early warning signs of deterioration are identified and acted upon by the clinical team.

Management of Medical Emergencies and Resuscitation

Prompt resuscitation (by restoring effective ventilation and circulation), where appropriate, can prevent irreversible cerebral damage or death due to anoxia / hypoxia. To improve the possibility of a successful outcome, it is important that staff with the relevant competencies are sought immediately to support the provision of

1. First Aid
1. Emergency Life Support (ELS) and
2. Immediate Life Support (ILS)
3. Paediatric Basic Life Support

It is vital that the equipment required for providing these levels of response is in full working order.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Decisions

The primary goal of healthcare is to benefit patients, by restoring or maintaining their health as far as possible, thereby maximising benefit and minimising harm. If treatment fails, or ceases to benefit the patient, or if an adult patient with capacity has refused treatment, that treatment is no longer justified. All Trust areas that face decisions about attempting cardiopulmonary resuscitation (CPR) should have a policy about CPR decisions.

DNACPR decisions can also be considered using the ReSPECT framework:

“ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment. ReSPECT can be complementary to a wider process of advance/anticipatory care planning.” [\[LINK\]](#)

1.2 Scope (Where, When, Who)

All Trust staff must make themselves aware of the requirements set out within this Policy.

Staff working outside of Trust premises must adhere to the principles set out within this Policy, but may also need to take into account the Policies, Protocols and Procedures of the host organisation in the setting that they work.

Staff working within clinical settings provided by another organisation (e.g. Psychiatric Liaison Team) may have their level of training determined and provided by their host

organisation. It is however the responsibility of these staff to seek the training and to ensure that it will be sufficient to meet BSMHFT standards contained within this Policy.

Unless there is a “DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION” (DNACPR) order written in the Patient’s Clinical Notes, Cardiopulmonary Resuscitation (CPR) is mandatory on any person who suffers a cardiac and/or respiratory arrest.

An exception to this standard is if the client has conditions unequivocally associated with death. These are: -

1. Massive cranial or cerebral injury (*e.g. massive brain injury where brain tissue is visible*)
2. Hemitorporectomy (*body chopped in half*)
3. Massive truncal injury (*e.g. chest and abdominal injury with visible organs / tissue*)
4. Decomposition or putrefaction (*rotting tissue*)
5. Incineration (*massive tissue burning leading to gross body deformity*)
6. Hypostasis (*post mortem staining/mottling of the tissue*)
7. Rigor mortis (*stiff fixed limbs/joints*)

Uncommonly, some patients for whom a DNACPR decision has been established may develop cardiac or respiratory arrest from a readily reversible cause such as choking or anaphylaxis. In such situations CPR would be appropriate unless the patient has specifically refused intervention in these circumstances.

1.3 Principles (Beliefs)

The Trust will ensure that all clinical staff and nominated non-clinical staff have the knowledge, skills and equipment to:

- Identify and treat service users who are at risk from deteriorating physical health
- Identify and treat medical emergencies as soon as they occur
- Identify, support and make decisions about the appropriateness of CPR

This Policy will adhere to all the recommendations made by the Resuscitation Council UK, (RCUK) with regard to matters concerning resuscitation, as part of the Trusts duty of care to patients. This will be updated as guidelines change.

The Trust will ensure that any patient, visitor or member of staff whose physical health deteriorates or experiences a respiratory or cardiac arrest, while on Trust premises or when being seen by a member of the Trust clinical staff, will receive an appropriate response which will maximise their chances of survival.

2 POLICY (What)

2.1 Management of the Deteriorating Patient

1. The chain of prevention utilised by the Trust helps to prevent and detect patient deterioration (RCUK) and includes: Education; Monitoring; Recognition; Calling for Help; Response
2. Physical observation form (on the digital ward platform) and the National Early Warning scoring system (NEWS 2) is to be used as a baseline for routine observations.

3. Observation frequency needs to be decided between the multidisciplinary team depending on the patient's diagnosis, agreed treatment plan, the presence of co-morbidities, age, types and qualities of medication prescribed, and the risk of change to a service user's vital signs. A physical health assessment form must be completed as part of the assessment.
4. The admitting or reviewing practitioner must complete a clear monitoring and management plan, which also specifies frequency and type of observations to be recorded. This must be done on the initial assessment and prescribed on Rio for the digital ward platform.
5. The basis of observations will always depend on clinical need and as part of a clinical management plan. In certain clinical conditions a patient's normal physiological parameters could trigger inappropriately on the NEWS 2 system, indicating concern about the frequency of observation. In these cases an adjustment in the NEWS outcome may be authorised by the doctor and/or the nurse in charge of the ward.
6. Rapid Tranquillisation Policy (RT)

<http://connect/corporate/governance/Policies/Forms/Clinical%20policies.aspx>

In all inpatient areas where rapid tranquillisation is required the following vital signs must be recorded on the digital ward platform as per the Rapid Tranquillisation Policy:

 - o Respiration rate
 - o Oxygen saturation
 - o Pulse
 - o Blood Pressure
 - o Conscious level (ACVPU)
 - o Temperature
 - o Blood sugar
7. Where there is a recognised deterioration, which is indicated by the NEWS 2 Score, a medical emergency procedure must be followed.
8. Oxygen should be administered as per oxygen policy:-

<http://connect/corporate/governance/Policies/OxygenPolicy.pdf>
9. Replace of oxygen :- <http://connect/corporate/corporate-clinical-services/resuscitation/Documents/Oxygen%20Replacement%20Protocol%20June%202018%20v4.pdf>

2.2 Managing Medical Emergencies and Resuscitation

The Trust delivers care in a wide variety of settings, which are reviewed on a quarterly basis. As a result of this, it is not possible for the Trust to offer the same resuscitation response across all of its services. The different levels of response are as follows:

1. **First Aid** – In all non-service user areas and in the grounds of Trust premises nominated person / persons will be available during opening hours to provide first aid to the casualty. This will include CPR (& AED when available)
2. **Emergency Life Support (ELS)** – In all service user areas (if not requiring ILS) staff in the area will provide an emergency level of response to the casualty during opening hours in line with the local resuscitation protocol.
3. **Immediate Life Support (ILS)** – In all inpatient areas, in areas that manage service users with increased risk of physical health problems and in areas that may

administer rapid tranquillisation the staff in the area or a responding medical emergency team will provide immediate life support at all times.

2.3 Do Not Attempt Cardiopulmonary Resuscitation Decisions

Cardiopulmonary Resuscitation (CPR) can theoretically be used on every individual prior to death. It is essential to identify Patients for whom CPR is inappropriate. Do Not Attempt Resuscitation” (DNACPR) decision applies solely to Cardiopulmonary Resuscitation (CPR). All other treatment and care should be continued and not be influenced by the DNACPR decision

A DNACPR is a clinical decision that must be taken in the best interests of the Patient, which should include likely clinical outcome and the Patients known, or ascertainable, wishes. Consideration should therefore be given to the following:

1. Where the Patient’s condition indicates that effective CPR is unlikely to be successful
2. Where CPR is not in accord with the recorded “Living Will”, sustained wishes of the Patient who is mentally competent or deemed mentally competent in respect to this decision (if there is any doubt a Second opinion from the Care Quality Commission (CQC) or Judicial review should be sought); however discussions should still be had with the patient to ensure these are still their wishes.
3. Where CPR is not in accord with a valid Living will/advance decision and the Patient is no longer mentally competent, the decision in the Living will should be taken as the Patient’s decision. Where a patient is not mentally competent; the Family or any LPA may need to provide the Living will. (Any concerns about the validity of the living will should be raised with the Trust Solicitors).
4. Where resuscitation is likely to be followed a quality of life that would not be in the best interests of the Patient to sustain
5. Any ReSPECT documentation that has been previously completed by the patient/their family
6. Where a Patient is not longer mentally competent, discussions should be had with the next of kin or Lasting Power of Attorney in relation to CPR. Whilst their wishes should be taken into consideration, if they go against the best interests of the Patient, then a clinical decision should be made. It is important to try and ensure that the Family and LPA are on board and therefore further discussions may need to be held to help them understand. Advice can be sought from the Trust Solicitors.

3 PROCEDURE

3.1 Management of the Deteriorating Patient

Every patient who appears to be deteriorating will have an assessment of:

1. AIRWAY
2. BREATHING
3. CIRCULATORY
4. DISABILITY
5. EXPOSURE

This assessment will provide a NEWS 2 score [\[link\]](#) and at each stage will determine the care required to prevent further physical health deterioration

3.2 Medical Emergencies and Resuscitation

Every area within the Trust has an agreed level of response as described above.

Each area will have immediate (RCUK Quality Standards - within the first few minutes) access to the recommended equipment for their agreed level of response and this will be checked daily and maintained. The Trust AED standard for 'drop to shock' of less than 3 minutes will underpin the location of the equipment. A patient's chance of survival decreases by 7 to 10 percent for every minute that passes without defibrillation.

ELS / ILS equipment will be checked and maintained daily

First aid boxes checked and maintained monthly.

All areas that are identified as having an ILS response must ensure that the following team members are available to respond to all medical emergency calls:

1. A minimum of 1 of the team **MUST** be ILS competent (with an in-date certificate) to facilitate the clinical treatment. **Where possible there will be 2 ILS trained staff members in attendance to medical emergencies"**
2. A minimum of 2 Responders **MUST** be ELS Competent (with in-date certificates) to support the team leader.

3.3 Do Not Attempt Cardiopulmonary Resuscitation Decisions

For full guidance on this topic please go to: - Decisions relating to cardiopulmonary resuscitation document on the Resuscitation Council UK webpage.

<https://www.resus.org.uk/statements/emergency-care-and-cpr-decision-making/>

3.3.1 The flowchart below is provided by the BMA, RCUK and RCN as guidance for ALL Trust staff to follow when considering DNACPR decisions.

3.3.2 The responsibility for making the DNACPR decision rests with the NAMED Consultant Psychiatrist in charge of the patient's care (or nominated consultant in circumstances where the NAMED consultant in charge is not available)

3.3.3 This responsibility may be devolved to individuals occupying a Specialist Registrar role or equivalent (and possess appropriate Trust approved training) but the decision must be discussed and agreed with the appropriate NAMED Consultant (or nominated consultant in circumstances where the NAMED consultant in charge is not available) at the earliest opportunity, but within 24 hours of the decision being made.

3.3.4 The DNACPR decision must be fully completed on the BSMHFT status card with all questions completed fully, with specific details. This **MUST** be displayed in the front of the medical records, where it is easily visibly, recognizable and accessible. If a form has been completed within another health care setting the NAMED Consultant will need to complete the BSMHFT status card.

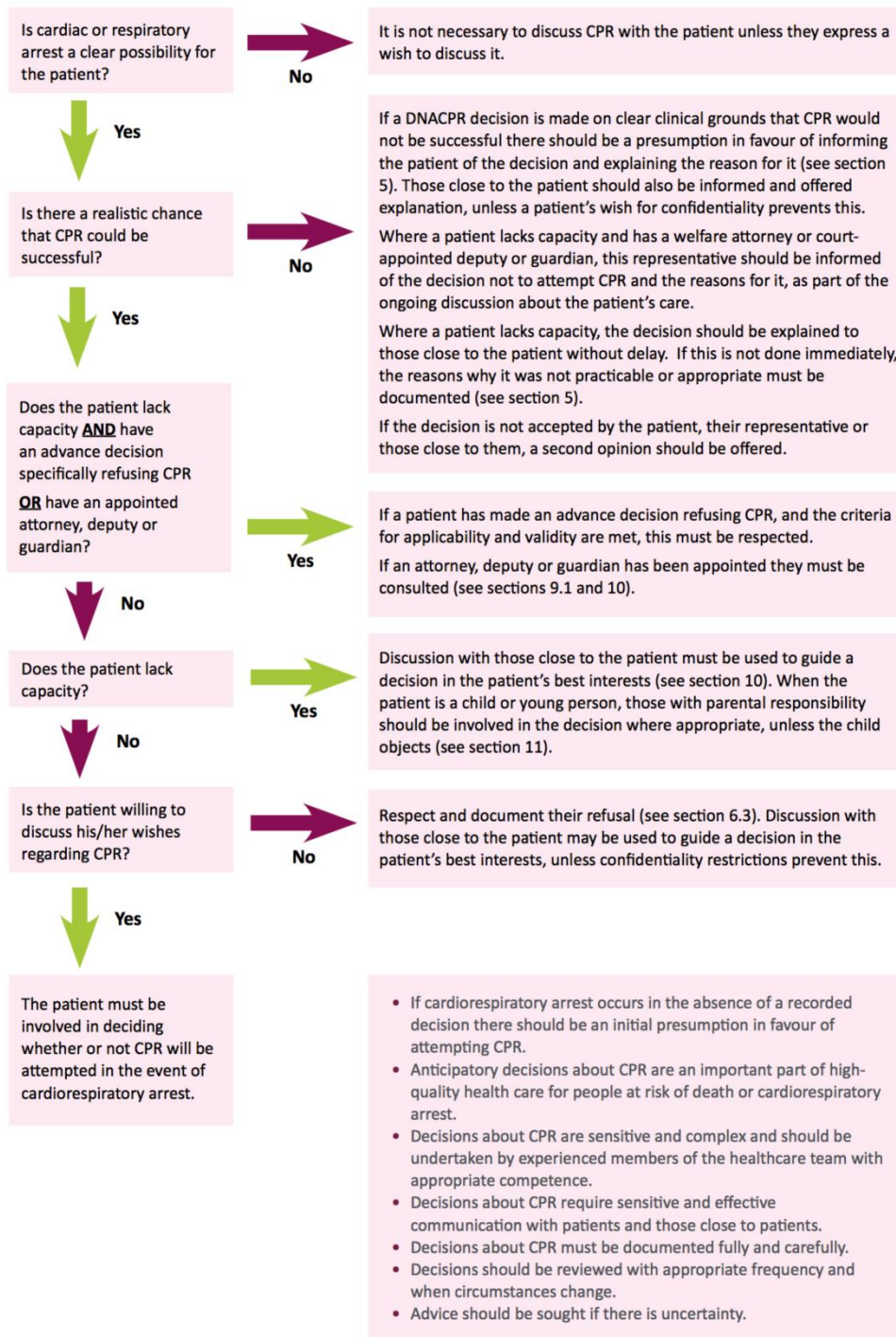
3.3.5 A DNACPR Alert needs to be added to the front sheet on Rio and details added to the progress notes.

3.3.6 When undertaking this process, if it identifies the patient as lacking mental capacity to be involved in the DNACPR decision, then the doctor must also complete the mental capacity assessment documentation and signpost where this is filed on the status card

3.3.7 If a DNACPR decision is made and the patient either subsequently goes on leave for more than 7 days or is discharged and re-admitted after 7 days the DNACPR decision is no longer valid and the status will have to be reviewed. At this review, if there is no significant clinical change then the status can remain unchanged; with the form being updated with the name and signature of the person (NAMED Consultant) undertaking this review and review date documented.

3.3.8 In England and Wales, the Mental Capacity Act 2005 requires consultation with an Independent Mental Capacity Advocate (IMCA) regarding all decisions made by an NHS body or Local Authority about 'serious medical treatment', where people lack capacity and have nobody to speak on their behalf. Therefore an IMCA must be involved in this event within this trust.

Decision-making framework



4. RESPONSIBILITIES

Clinical Service Managers (CSM)

Clinical Nurse Managers (CNM)

Clinical Directors (CD)

Clinical/ Corporate/ Associate Directors

4.1 Management of a Deteriorating Patient

Post (s)	Responsibilities
All Clinical Staff	<ul style="list-style-type: none">• Identify patients at risk of Cardio-pulmonary arrest and use the appropriate scoring mechanisms to prevent further deterioration• Attend appropriate physical health training• Ensure that they familiarise themselves with appropriate documentation, protocols and policies available on the Physical Health pages of the Trust intranet site.
All Non-Clinical Staff	<ul style="list-style-type: none">• Report any concerns about physical health to clinical staff immediately
CSM, CNM, CD	<ul style="list-style-type: none">• Ensure all staff receive appropriate physical health training
AD	<ul style="list-style-type: none">• Ensure that all staff are made aware of this Policy, local protocols and procedures for managing deteriorating patients
Policy Lead	<ul style="list-style-type: none">• Trial the policy before implementation• Review the policy, annually to ensure it is keeping pace with developments• Monitor adherence to the policy
Non-Executive & Executive Directors	<ul style="list-style-type: none">• Ensure that a resuscitation policy is agreed, implemented, and regularly reviewed within the clinical governance framework.
Physical Health Committee & Resuscitation Committee	<ul style="list-style-type: none">• Provide oversight and scrutiny of the policy.• Receive reports from the policy lead on all matter related to the policy• Recommend actions to address failing in the policy• Escalate concern when necessary

4.2 Medical Emergencies & Resuscitation

Post(s)	Responsibilities
All Staff	<ul style="list-style-type: none"> • Attend appropriate level of medical emergency training • Be able to locate and collect the nearest emergency equipment. • Know how to contact the ILS responders and/or ambulance, to bring immediate life support skills and further equipment. • Be aware of the local resuscitation protocol for the area they are working in. • Support relatives, other patients, visitors and staff who are involved / witness a resuscitation attempt. • Ensure that the next of Kin has been informed by the most appropriate person (e.g. Registered Professional in charge, Consultant, manager, ILS team leader, Police) • If suspecting a child of any age may require resuscitation must adhere to local protocol in order to summon the appropriate response and ensure that they state that the casualty is a child. • Ensure that they familiarise themselves with appropriate documentation, protocols and policies available on the Resuscitation pages of the Trust intranet site.
All Clinical Staff	<ul style="list-style-type: none"> • Ensure that they are up to date with current Resuscitation Council (UK) guidelines • After ensuring own safety, use the structured ABCDE approach for all medical emergencies and start CPR, if required as soon as possible, using current Resuscitation Council UK Guidelines. • Provide ELS / ILS to the casualty depending on your role/competencies • Take account of any DNACPR orders • Ensure appropriate documentation and SBAR is completed.
ILS Responding staff	<ul style="list-style-type: none"> • Carry the Medical Emergency Bleep if appropriate during the period of duty as an ILS responder • Ensure appropriately trained member of staff is available to provide cover and inform Reception / Switchboard and Senior Clinical Manager / Duty Nurse if they are unable to respond or carry the bleep during their allocated duty time • Arrive to all Medical Emergency Calls, (including resuscitation exercises organised by the Trust), in less than 3 minutes of the call being made, when on duty to respond. Then remain with the casualty until the ambulance crew requests them to leave • Liaise with Reception/Switchboard and Senior Clinical Manager / Duty Nurse relating to any Medical Emergency bleep concerns and report any incidents / near miss situations on an Eclipse incident form • Carry out duties assigned to them as the Team Leader or by the team leader

<p>Clinical Staff working with/ or responding to children</p>	<ul style="list-style-type: none"> • Attend paediatric resuscitation training on an annual basis • After ensuring own safety, use the structured ABCDE approach for all medical emergencies involving children and start paediatric CPR, if required as soon as possible, using current Resuscitation Council UK Guidelines.
<p>Reception / Switchboard Supervisors</p>	<ul style="list-style-type: none"> • Ensure that all Reception / Switchboard staff are aware of the procedure for dealing with all Medical Emergency Calls • Ensure test calls are made to the emergency bleeps at a pre-arranged time • Ensure that all ILS responders that do not respond within 5 minutes of the test call being made are contacted again immediately (repeat test call) • If a member of the team cannot be contacted following a test call to use the Tannoy or telephone system to try to establish contact and an incident reporting form to be completed stating it as a “near miss” situation • Keep a log of all Medical Emergency calls (including test calls) made • Provide a copy of the logged Medical Emergency calls for the Head of Risk & Safety and Resuscitation Service as required.
<p>CSM, CNM, CD</p>	<ul style="list-style-type: none"> • Ensure that all clinical staff working outside of BSMHFT premises are provided with, and carry at all times, a mouth to mask device or protective face shield. • Ensure all staff receive appropriate medical emergency training • Support and advise the ILS responders as appropriate • Organise a debriefing for all staff participating or witnessing the medical emergency within 7 days
<p>Matrons/ Ward / Department Managers</p>	<ul style="list-style-type: none"> • Ensure appropriately trained staff are available at all times to provide First Aid / ELS / ILS to the casualty. • Ensure that the agreed equipment is available, accessible and operational at all times. • Ensure that the agreed equipment is checked daily (ELS & ILS), monthly (First Aid equipment) and after any incidents. • Ensure that the manager's daily checking authorisation is completed daily • Ensure that the agreed equipment is restocked immediately following an incident, or if the product has expired or is damaged. • Liaise with medical engineering to ensure that planned preventative maintenance is carried out on resuscitation equipment • Ensure that all equipment faults / problems are acted upon immediately and reported to the appropriate departments, including completion of an incident reporting form (ECLIPSE) • Ensure that the ILS responders or Ambulance crew can enter, at best speed, even if there is restricted access.

	<ul style="list-style-type: none"> • Ensure support is given to other service users and relatives who have may have witnessed the medical emergency within 24 hours of the incident. Consideration must be given to the confidentiality of the casualty concerned at all times
AD	<ul style="list-style-type: none"> • Ensure that all staff are made aware of this Policy, local protocols and procedures for managing medical emergencies • A Serious Incident Review should be undertaken following all medical emergencies
Policy Lead	<ul style="list-style-type: none"> • Trial the policy before implementation • Review the policy, annually to ensure it is keeping pace with developments • Monitor adherence to the policy
Resuscitation Committee	<ul style="list-style-type: none"> • Provide oversight and scrutiny of Policy • Receive reports from the policy lead on all Resuscitation matters related to the policy • Recommend actions to address failing in the policy • Escalate concern when necessary
Non-Executive & Executive Directors	<ul style="list-style-type: none"> • Ensure that a resuscitation policy is agreed, implemented and regularly reviewed within the clinical governance framework.
External Resuscitation Service Provider	<ul style="list-style-type: none"> • Provide ILS training • Provide Paediatric CPR and Mother & Baby Life Support training • Provide Consultancy and support • Provide external audit

4.3 Do Not Attempt Resuscitation

Post(s)	Responsibilities
All Clinical Staff	<ul style="list-style-type: none"> • Take account of any DNACPR orders and adhere to Trust Policy • To ensure that the DNACPR decision is communicated to all relevant Healthcare professionals and at each shift handover of staff • To ensure that the DNACPR document is located at the front of the patient's medical notes and on RIO • To check validity of the document and that the document has been correctly completed. • Ensure the decision has been communicated to next of kin as appropriate • Ensure that they familiarise themselves with appropriate documentation, protocols and policies available on the Resuscitation pages of the Trust intranet site.

Consultant Psychiatrist	<ul style="list-style-type: none"> • Take a lead role in implementing the DNACPR requirements • The overall responsibility for DNACPR decision rests with the most senior clinician in charge of the patient's care • If possible provide the patient with relevant information and ascertain the patient's wishes. If the patient lacks capacity discussion with relevant family members or an IMCA to ascertain known or perceived wishes of patient • Record assessment of capacity. • Ensure discussion with other healthcare professionals responsible for the patients care and communicate decision to them. • Ensure that the DNACPR documentation record card is clearly and legibly completed and placed at the front of the patient's medical notes where it can easily be accessible and or on RIO • To endorse a DNACPR decision - if made by a junior medical staff member in their absence within 24 hours • Communicate decision to next of kin as appropriate. • Review the decision if necessary
CSM/CNM/CD	<ul style="list-style-type: none"> • Ensure that all staff are made aware of this Policy, local protocols and procedures for making and supporting decisions relating to CPR
Policy Lead	<ul style="list-style-type: none"> • Trial the policy before implementation • Review the policy, annually to ensure it is keeping pace with developments • Monitor adherence to the policy
Resuscitation Committee	<ul style="list-style-type: none"> • Provide oversight and scrutiny of Policy • Receive reports from the policy lead on all Resuscitation matters related to the policy • Recommend actions to address failing in the policy. • Escalate concern when necessary.
Non- Executive & Executive Director	<ul style="list-style-type: none"> • Ensure that a resuscitation policy is agreed, implemented, and regularly reviewed within the clinical governance framework.
External Provider	<ul style="list-style-type: none"> • Provide External Audit

5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	August 2020	
Number of versions produced for consultation	1	
Committees or meetings where this policy was formally discussed		
Resuscitation Committee	Date: 08.07.2020	
Where else presented	Summary of feedback	Actions / Response

6 REFERENCE DOCUMENTS

Resuscitation Council (UK) Guidelines 2020
 Resuscitation Council (UK) ReSPECT 2018
 Decisions relating to CPR 3rd edition (1st Revision), Guidance from BMA, Resuscitation Council (UK) and RCN 2016
 UK Ambulance Service Clinical Practice Guidelines, JRCALC and ASA 2006
 Mental Capacity Act (2005)
 The Human Rights Act (1998)

7 BIBLIOGRAPHY

Department of Health Circular *Resuscitation Policy HSC 2000/028*
 Gillick v West Norfolk and Wisbech Area Health Authority [1985]
 Resuscitation Council (UK) *Guidelines* 2010
 Immediate Life Support Manual Third edition reprinted November 2012, Resuscitation Council (UK)
 Resuscitation Council (UK) *Guidelines: The legal status of those who attempt Resuscitation* October August 2010
 Resuscitation Council (UK) *Guidelines: Guidance for safer handling during resuscitation in hospitals* November 2009
 Resuscitation Council (UK): *Quality Standards for Cardiopulmonary Resuscitation Practice & Training – Mental Health In-Patient Care/ Equipment & Drugs List* (2014)
 The Children’s Act (1989)

8 GLOSSARY

ABCDE	Airway, breathing, circulation, disability, exposure
AED	Automated external defibrillator
BMA	British medical association
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
DNACPR	Do not attempt CARDIOPULMONARY resuscitation
EBME	Electro- biomedical Engineering
ELS	Emergency life support
ILS	Immediate life support
IMCA	Independent mental capacity advocate
MET	Medical emergency team
NEWS	NATIONAL Early warning score
NICE	National Institute for Health and Clinical excellence
RCN	Royal College of Nursing
RCUK	Resuscitation Council United Kingdom
RSUK	Resuscitation Services UK
SBAR	Situation, background, assessment, recommendation

9. AUDIT AND ASSURANCE –

Element to be monitored	Lead	Tool	Reporting Frequency	Reporting Arrangements
DNACPR's are issued in accordance with the policy	External Provider	Audit Tool	Quarterly	Resuscitation Committee & CGC
Resuscitation equipment is checked daily	External Provider	Audit Tool	Quarterly	Resuscitation Committee
Training	Learning & Development Manager	OLM	Quarterly	Resuscitation Committee
Procedures - Simulations	External Provider	Audit Tool	Quarterly	Resuscitation Committee
Procedures – Review of incidents	Deputy Director of Nursing	Eclipse	Quarterly	Resuscitation Committee & CGC

10. Appendices

Appendix 1 – Equality Impact Assessment

Appendix 2 – Covid Update to the policy



Appendix 1 - Equality Impact Assessment

Equality Analysis Screening Form

Title of Proposal		Management of deteriorating patient policy		
Person Completing this proposal		Natalie Willetts	Role or title	Deputy Director of Nursing
Division		Corporate	Service Area	Nursing
Date Started		19th August 2020	Date completed	19th August 2020
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
Policy to ensure staff know how to clinically manage a patient who is physically deteriorating and what to do if resuscitation is required.				
Who will benefit from the proposal?				
All staff and patients				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>		
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>		
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>		
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>		
		<i>Protect and promote human rights?</i>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.

Age	X			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	X			
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	X			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	X			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	X			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	X			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	X			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				

Transgender or Gender Reassignment	X			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	X			Policy clearly outlines legal position on resuscitation and protecting the rights of individuals
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				X
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
How will any impact or planned actions be monitored and reviewed?				

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.



NHS

**Birmingham and Solihull
Mental Health**
NHS Foundation Trust